Tennessee Department of Health

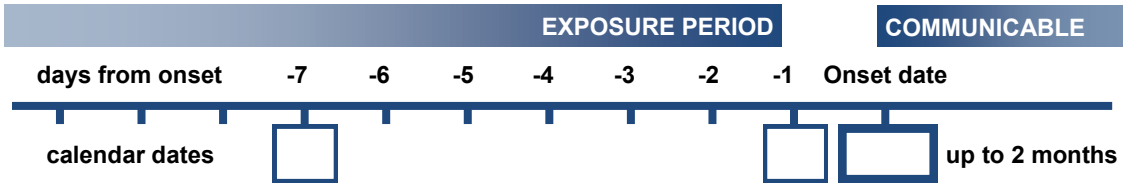
Cryptosporidiosis

Please fill this form out as completely as possible. Anything that appears in **red** is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Do not forget to complete the generic FoodNet Case Report form. Use date format mm/dd/yyyy throughout.

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ____/____/_____

Infection Timeline

Enter the onset date in the heavy box. Count back to calculate the probable exposure period. Ask about exposures between those dates.



Possible Source(s) of Infection During Exposure Period

Yes	No	Unk		*If yes*, provide details (e.g. places, dates)
□	□	□	Consumed raw fruits or vegetables (e.g. berries, green salads)	
□	□	□	Consumed any raw or unpasteurized juices or ciders	
□	□	□	Consumed any raw or unpasteurized milk or dairy products	
□	□	□	Group meal (e.g. potluck, reception)	
□	□	□	Consumed food from restaurants (e.g. dining in, take-out, drive-thru, leftovers)	
□	□	□	Contact with diapered children	
□	□	□	Contact with any other persons having diarrhea	

Food Handler

Did patient work as a food handler after onset of illness? □ Yes □ No □ Unknown

What was the last date worked as a food handler after onset of illness? ____/____/_____

Where was the patient a food handler? _____

Drinking Water Exposure

What is the source of drinking water at home?
- □ municipal, city or county
- □ private well (used by 1 household)
- □ common / community well (used by > 1 household)
- □ bottled water
- □ untreated surface water (e.g. spring, river, lake, creek, cistern)
- □ other (specify) _____

What is the source of drinking water at work/school?
- □ municipal, city or county
- □ private well (used by 1 household)
- □ common / community well (used by > 1 household)
- □ bottled water
- □ untreated surface water (e.g. spring, river, lake, creek, cistern)
- □ other (specify) _____

Did the patient drink untreated water in the 7 days prior to onset of illness? □ Yes □ No □ Unknown

***If yes*, what was the source?** □ surface water (e.g. spring, river, lake, creek, cistern) □ well □ other _____

Recreational Water Exposure

Was there recreational water exposure in the 7 days prior to illness? □ Yes □ No □ Unknown

***If yes*, did the patient swallow any water from these exposures?** □ Yes □ No □ Unknown

What was the recreational water type?
- □ natural hot spring
- □ hot tub / whirlpool / Jacuzzi / spa
- □ interactive fountain / splash pad
- □ lake / pond / river / stream
- □ ocean
- □ recreational water park
- □ swimming / wading pool
- □ other (specify) _____

Name or location of water exposure: _____

Animal Contact

Did the patient visit or live on a farm? □ Yes □ No □ Unknown

Did the patient visit a live animal exhibit (petting zoo, fair, etc.)? □ Yes □ No □ Unknown

Did the patient come in contact with any animals? □ Yes □ No □ Unknown

***If yes*, type of animal:** □ Goat □ Cow □ Sheep □ Dog □ Cat
□ Rodent □ Turtle □ Lizard □ Chicken □ Turkey
□ Other bird □ Other mammal □ Other reptile □ Other amphibian

***If other bird, mammal, reptile* or *amphibian*, please specify:** _____

Name or location of animal contact: _____

Did the patient acquire a pet prior to onset of illness? □ Yes □ No □ Unknown

Did the patient come into contact with animal waste or manure? □ Yes □ No □ Unknown

Underlying Conditions

Does the patient have any underlying conditions (e.g. AIDS, diabetes)?: □ Yes □ No □ Unknown

***If yes*, specify:** _____

Patient Prophylaxis/Treatment

Was the patient treated with any medications for this illness? □ Yes □ No □ Unknown

***If yes*, specify type, dose and dates:** _____

Summary of Follow-Up

- □ **Exclude from sensitive occupations (e.g. HCW, food, daycare) or situations until symptoms have resolved**
- □ **Culture close contacts in sensitive occupations (e.g. HCW, food, daycare) or situations regardless of symptoms**
- □ **Initiate traceback investigation**
- □ **Hygiene education provided**
- □ **Restaurant inspection**
- □ **Daycare inspection**
- □ **Investigation of raw milk / dairy**
- □ **Other (specify)** _____

Alternate Contact Information

Last Name: _____ **First:** _____ **Relationship:** □ Parent □ Spouse □ Household Member □ Friend

Phone Number: _____ □ Other (specify) _____

Comments

_____

_____

_____

CryptoNet and Laboratory Information (For Administrative Use Only)

Specimen Status: Untreated: □ Fresh □ Frozen
Treated: □ Cary-Blair □ Formalin □ KCr_2O_7 □ PVA-Cu □ PVA-LV □ PVA-Zn □ TotalFix

Was specimen tested for *Cryptosporidium*? □ Yes (*complete table below*) □ No

Test Type (check all that apply)	Test Brand	Lot Number	Result
□ Acid-fast			
□ DFA			
□ EIA			
□ GI or Enteric Panel			
□ IC			
□ PCR			
□ Other (specify)			

State Case Lab ID: _____

State Case Epi ID: _____

NNDS Case ID: _____

NORS State ID: _____

CryptoNet Submission Date: _____

Lab Coordinator: _____

Epi Coordinator: _____